

Memorandum

Date : OCT 05 2010

To : Tim Mahoney
Superintendent
Preston Youth Correctional Facility

Subject: **FOLLOW-UP REVIEW RESULTS OF THE 2008 PEER REVIEW AT PRESTON YOUTH CORRECTIONAL FACILITY**

On August 3 through 4, 2010 the Office of Audits and Court Compliance (OACC) conducted a follow-up review of the November 17 through 21, 2008 Peer Review. The purpose of the follow-up review was to determine whether the Division of Juvenile Justice implemented effective corrective measures in response to the findings listed in OACC's final report.

Attached are the follow-up review results for the corrective action plan. OACC plans on following-up on the non and partially implemented items in 90 days from the date of this letter.

If you should have any questions regarding the contents of this memorandum, please contact George Valencia, Youth Authority Administrator, at (916) 255-2928.



MICHAEL K. BRADY
Assistant Secretary (A)
Office of Audits and Court Compliance

Attachment

cc: Rachel Rios, Division of Juvenile Justice
Sharie Wise, Division of Juvenile Justice
Sandra Youngen, Division of Juvenile Justice
Steve Kruse, Division of Juvenile Justice
Anthony Lucero, Division of Juvenile Justice
Ron Wisdom, Division of Juvenile Justice
Russ Harris, Division of Juvenile Justice
John Blackwell, Division of Juvenile Justice
Bob McCullum, Preston Youth Correctional Facility
George Valencia, Office of Audits and Court Compliance
Dorene Nylund, Office of Audits and Court Compliance
Frank Gomes, Division of Juvenile Justice

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Plant Operations

NOVEMBER 17 THROUGH 21, 2008

Finding 1: Control over tools is inadequate. The AB noted deficiencies in the following areas:

Boiler House:

- The master inventory list does not reconcile to the shadow board.

Motor Pool (auto shop)

- The master inventory list does not reconcile to the shadow board. We noted crowbars; sledgehammers, and extension cords are not tagged, scribed, and placed on the inventory.

Grounds Shop

- All tools are not stored in the designated tool room.
- The master inventory list does not reconcile to the shadow board.
- There are excessive tools that have been donated that are not tagged, scribed, and placed on the inventory.

The Office of Audits and Court Compliance recommends that Preston Youth Correctional Facility (PYCF) take the following actions:

JCPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
1.1	Review the current policies and procedures related to tool control. Determine which ones apply to PYCF and develop a plan/strategy to ensure that tool control is administered in accordance with applicable policies and procedures.	Heavy Equipment Mechanic	1. Review tool control policy with all maintenance staff as an agenda item during plant operations Department meeting.	04/30/2009	Incomplete	Copy of meeting agenda and attendance sign-in sheet	Partially Implemented The inventory lists did not reconcile in the Motor Pool and Grounds Shop. In addition, there are three policies in use for Tool Control. For example, plant operations has an Operational Procedure Control of Tools. PYCF, Policy and Procedures Section 3192, Tool Maintenance, and the Institution & Camps Manual (I & C) 1821.
			2. Review and monitor tool control sheets monthly.	04/30/2009	Incomplete	File of tool control inventory sheets, initialed by reviewer	
			3. Conduct and maintain a monthly record of the tool control inventory.	07/01/2009	Incomplete	File of tool control inventory reviews	
		Boiler Plant Engineer Staff	1. All tools will be stored in designated Tool Rooms/Shadow Boards.	07/01/2009	Incomplete	Updated tool inventory lists	
			2. Update Shadow Boards & Master Tool inventory lists, scribe all tools.	07/01/2009	Incomplete	Meeting minutes	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Plant Operations

NOVEMBER 17 THROUGH 21, 2008

Finding 2: PYCF does not have a Hazardous Waste Management Plan (HWMP) (Business Plan).

The Office of Audits and Court Compliance recommends that PYCF take the following actions:							
JCPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
2.1	Establish and maintain a current/complete and approved HWMP-Business Plan.	Supervising Groundskeeper II	1. Update current HWMP-Business Plan.	04/30/2009	Incomplete	Copy of updated HWMP-Business Plan	Not Implemented No plan has been developed as of August 3, 2010.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Plant Operations

NOVEMBER 17 THROUGH 21, 2008

Finding 3: Plant Operations is not maintaining chemicals in accordance to the CCR, Title 8. We also noted additional deficiencies at the following locations regarding the Hazardous Communication Program (HCP): Boiler House, Motor Pool (auto shop), Grounds Shop, and Main Accumulation.

The Office of Audits and Court Compliance recommends that PYCF take the following actions:							
JCPRB Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
3.1	Comply with the PYCF, Policy and Procedures Manual related to the handling, controlling, safeguarding, and dispensing of dangerous and toxic substances.	Boiler Plant Staff	1. Maintain daily chemical logs in all Plant Operation areas, update all MSDS files.	07/01/2009	Incomplete	Daily Chemical Logs	Partially Implemented Motor Pool/Garage: Did not maintain perpetual chemical inventory and the MSDS binder did not have an index. Also, Hazardous Waste labels on containers with used oil were not complete. Boiler House: MSDS could not be located for 2 of the 3 chemicals sampled.
		Heavy Equipment Mechanic	1. Order new approved chemical cabinets for areas above.	07/01/2009	Incomplete	Copy of IOR	
		Supervising Groundskeeper II	1. Mark all containers with proper labeling and signage.	06/01/2009	Incomplete	Visual	
			2. All wooden pallets have been replaced with chemical containment pallets.	02/02/2009	Complete	Copy of purchase order	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Plant Operations

NOVEMBER 17 THROUGH 21, 2008

Finding 4: The chemicals used for pest/vector control are not safely stored.

The Office of Audits and Court Compliance recommends that PYCF take the following actions:							
JCPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
4.1	Comply with the PYCF Policy and Procedures Manual related to the handling, controlling, safeguarding, and dispensing of dangerous and toxic substances.	Supervising Groundskeeper II	1. Replace current cabinet with approved chemical cabinet; add ventilation to chemical storage area.	07/01/2009	Incomplete	Currently requesting pricing Copy of RFB	Unable to Rate There was a power outage in the shop, which made it difficult to inspect.
			2. Post signage in areas before application of chemicals where applicable.	02/02/2009	Complete	Visual Inspection	
			3. Follow PYCF's Policy and Procedures Manual, Section, 9140 and 9800.	01/01/2009	Complete		

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Plant Operations

NOVEMBER 17 THROUGH 21, 2008

Finding 5: The AB noted the following deficiencies regarding the cross-connection program:

- The master list that identifies the location, serial numbers, manufacturer, and the number of back flow devices, that are to be tested annually, could not be reconciled, as field tests do not exist.
- The AB could not determine how many backflow devices are located throughout the facility.
- There is no published cross-connection schedule for 2008.
- The AB could not determine whether all backflow devices are tested on an annual basis.

The Office of Audits and Court Compliance recommends that PYCF take the following actions:

JCPRB Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
5.1	Create a master list or use a plot plan to identify all locations and devices, maintain accurate data, and test backflows on an annual basis. Continuous education of staff should be encouraged.	Plumber	1. Update master list with all current information required per Section 603.3.2 of the California Plumbing Code, and on PYCF's PM system.	12/31/2008	Complete	Copy of Master List	Not Implemented The finding still exist, action taken to resolve deficiency is minimal.
			2. Attend continuing education classes in accordance with maintaining back-flow device license.	12/31/2008	Complete	License and continued education documentation	
			3. PM system will generate all Back-Flow Work Orders on 6/1/09.	06/01/2009	Incomplete	Copies of work orders	
			4. Perform and document annual back flow testing.	04/01/2009	Complete	Back flow testing documentation	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Plant Operations

NOVEMBER 17 THROUGH 21, 2008

Finding 6: Communicating work place hazards are not performed in accordance with the PYCF-IIPP. The AB noted the following deficiencies:

- Machinery (i.e., lathes, drill presses, etc) does not have an emergency shut off.
- Safety signage is not posted (i.e., do not operate near flammable liquid; PPE must be worn, etc).

The Office of Audits and Court Compliance recommends that PYCF take the following actions:							
JCPRB Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
6.1	Maintain an effective IIPP with employer-to-employee communications.	CPO II	1. Documented Safety Meetings are held with all Plant Operations staff in a group weekly.	12/31/2008	Complete	Safety Meeting Minutes	Partially Implemented The written program is outdated. Documents provided date back to 2000, 2002, and 2004. In addition, Safety Meetings conducted for Wards are not documented.
		Plant Operation Supervisors	1. A new safety topic will be covered and documented each week with all staff at the Safety Meetings.	12/31/2008	Complete	Safety Meeting Minutes	
		Electricians	1. Install emergency shut off switches and signage for machinery where applicable.	07/01/2009	Incomplete	Visual Inspection	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Plant Operations

NOVEMBER 17 THROUGH 21, 2008

Finding 7: Documentation of testing and maintenance of the emergency generators is inadequate.

The Office of Audits and Court Compliance recommends that PYCF take the following actions:							
JCPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
7.1	Establish and maintain a log for the testing of the emergency generators that details what tests are performed, what the results are, the date tests are performed, and who performed the test. Also, ensure that this log is kept for review. In addition, ensure that PM is performed and monitored for compliance.	Heavy Equipment Mechanic	1. Randomly monitor PM to ensure performed on a regular basis. 2. Establish and maintain an emergency generator log that details which test is performed, results, test date, and person performing the test. 3. A work order will be issued from the PM system and performed on monthly basis.	04/30/2009 04/15/2009 04/30/2009	Incomplete Incomplete Incomplete	Monitor Log Emergency Generator Log Copy of work orders	Partially Implemented Based on the follow-up review of the PM Work Orders, testing and maintenance of generators is not timely and/or consistent which does not comply with the National Fire Protection Agency.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Plant Operations

NOVEMBER 17 THROUGH 21, 2008

Finding 8: The AB noted that the methods of a PM program are not being followed.

- Equipment/assets are not clearly identified with the standard equipment code on each piece of equipment (Maintenance Identifiers).
- Department/Facility goals are not delineated in the duty statements. For example, four of the eight duty statements reviewed do not direct staff to the percentage of time to be spent performing PM.
- Scheduled maintenance for the emergency generators, backflow devices, and emergency lighting is not being followed.

The Office of Audits and Court Compliance recommends that PYCF take the following actions:							
JCPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
8.1	Establish a PM schedule for all major equipment. Determine the tasks that are to be performed and train staff as necessary to ensure proper performance of PM is properly performed.	Stationary Engineer	1. Preston has a computer based, stand alone, PM system that is up to date and currently in use. All major equipment will be issued PM's on a monthly basis.	03/01/2009	Complete	Copy of PM schedule	Partially Implemented PYCF provided equipment detail for 2005, in which the AB could not determine maintenance frequency. 69 percent of PM's were not completed for the month of June 2010.
			2. Quarterly perform random checks to ensure PM schedule for all major equipment is being followed.	07/01/2009	Incomplete	PM Monitor Log	
		Plant Operation Supervisors	1. Edit duty statements to reflect PM duties and percentage of time to be spent performing PM duties.	07/01/2009	Incomplete	Copies of Duty Statements	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Plant Operations

NOVEMBER 17 THROUGH 21, 2008

Finding 9: The CPO or selected key staff are not assigned to a facility wide committee that has an impact on maintenance and other plant responsibilities, such as a Space Utilization Committee. In addition, space action requests were not used.

The Office of Audits and Court Compliance recommends that PYCF take the following actions:							
JCPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
9.1	Review the YAM policy and select employees to participate in a facility wide committee, such as the Space Utilization Committee.	Superintendent	1. Superintendent will form a Space Advisory Committee.	07/01/2009	Incomplete	Memorandum from Superintendant appointing employees to Space Utilization Committee	Not Implemented A Space Utilization Committee has not been established.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Security Operations

NOVEMBER 17 THROUGH 21, 2008

Finding 1: Staff inquiries not completed within time frames.

The Office of Audits and Court Compliance recommends that PYCF take the following actions:							
JCPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
1.1	Formalize the process used to track and record the facilities 30-day staff inquiries by designating staff in the superintendent’s office to receive and record the completed inquiries.	Executive Secretary	1. All inquiries (except for those inquiries resulting from Staff Misconduct Complaints, which have their own tracking system in WIN) will be tracked, from start to finish by designated staff in the Superintendent’s Office.	01/01/2009	Complete	Outline of new process	Fully Implemented
1.2	Create a spreadsheet on a shared program, so that the grievance coordinator and the staff designated to record completed staff inquiries, have a quick reference sheet to record and track the 30-day staff inquiry process.	Executive Secretary	1. A formal tracking spreadsheet has been created to track all inquiries conducted at PYCF (Except for those inquiries resulting from Staff Misconduct Complaints, which have their own tracking system in WIN). The tracking system identifies the inquiry number, staff assigned, date staff/youth are notified of inquiry, subject of inquiry, date of assignment, date due, date Report of inquiry received, date sent to Superintendent, decision, date staff/youth are notified of findings, comments.	01/01/2009	Complete	Copy of Spreadsheet	Fully Implemented

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Security Operations

NOVEMBER 17 THROUGH 21, 2008

Finding 2: PYCF is not requesting a 30-day Inquiry Time Extension from the Division of Juvenile Facilities for staff inquiries that exceed 30 working days.

The Office of Audits and Court Compliance recommends that PYCF take the following actions:

JCPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
2.1	Formalize a process/system to track staff inquiries that exceed the 30-day staff inquiry time frame.	Executive Secretary	1. Weekly reviews tracking system that includes Report of Inquiry due dates. 2. A clause has been added to the letter assigning the inquiry, indicating that staff must contact the Superintendent’s office prior to the due date, should an extension be needed. 3. Notifies staff that have exceeded the 30-day time frame and requests a status update.	01/01/2009	Complete	See attached template letter	Fully Implemented

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Security Operations

NOVEMBER 17 THROUGH 21, 2008

JCPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
2.2	Request 30-day staff inquiry time extensions through the Director of the Division of Juvenile Facilities.	Executive Secretary	1. Monitor Inquiry due dates using formal tracking system. 2. When necessary request time extensions thru DJJ HQ, Director of Juvenile Facilities.	01/01/2009 01/01/2009	Complete Complete	No extensions have been requested since the new tracking system has been in place Copy of requests sent to DJJ HQ	Partially Implemented For 2010, there were 4 use of force staff inquiries. Three inquiries were completed in the 30 day time frame. One inquiry was outside the time frame. The extension was authorized by the Superintendent, but not the Director of Facilities.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Safety and Security, Section 1800

NOVEMBER 17 THROUGH 21, 2008

Finding 1: The Multi-Hazard plan did not contain contact information for the Office of Emergency Services (OES).

The Office of Audits and Court Compliance recommends that PYCF take the following actions:							
JCPRB Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
1.1	Place the OES contact information into Section 1807 of the Multi-Hazard plan.	The Chief of Security	1. Place the OES contact information into Section 1807 of the Multi-Hazard plan.	11/01/2008	Complete	Copy of Multi Hazard Plan	Fully Implemented

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Safety and Security, Section 1800

NOVEMBER 17 THROUGH 21, 2008

Finding 2: The Multi-Hazard plan did not contain a signed local mutual aid agreement with local law enforcement.

The Office of Audits and Court Compliance recommends that PYCF take the following actions:							
JCPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
2.1	The JCPRB is not able to provide a recommendation, as local law enforcement is outside the scope of this office.	The Chief of Security	1. Will attend next meeting and request participating parties to enter into a written agreement.	07/01/2009	Incomplete	Operating Agreement Between the Ione Police Department and The Department of Corrections and Rehabilitation signed by the Ione Police Department Chief and the Director of Juvenile Justice	Fully Implemented

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Health Care Services

NOVEMBER 17 THROUGH 21, 2008

Finding 1: Lack of documentation.

The Office of Audits and Court Compliance recommends that PYCF take the following actions:								
JCPRB Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)	
1.1	Ensure all Health Care Services Request forms are responded to by all responsible parties.	SRN	1. SRN to review Health Care Services Sick Call Request log on a monthly basis for RN response.	06/01/2009	Incomplete	Reported in Quality Management Meetings quarterly	Fully Implemented	
		Sr. Psychologist	1. Sr. Psychologist to ensure MH appts are kept via WIN audits.	06/01/2009	Incomplete	Audit Schedule / WIN records		
1.2	Develop a monitoring system with the supervisors (or designee) ensuring that all Health Care Services Request forms are responded to and followed through.	SRN	1. Support staff and RNs pick up all requests daily.	03/01/2009	Complete	Reported in Quality Management Meetings quarterly, CAPs if not done.	Fully Implemented	
			1. Ensures on-line shared log with items for response is updated and maintained.	03/01/2009	Complete	On-line log		
			2. Sr. Psychologist audits MH referrals in WIN and response time.	03/01/2009	Complete	Audit Schedule / WIN records		

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Health Care Services

NOVEMBER 17 THROUGH 21, 2008

JCPRB Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
1.3	Ensure all staff contacts with the ward in response to the Health Care Services Request forms are documented in the Chronological Record of Care.	RN Health Records Techs Sr. Spvr Psychol, Psychol CHSA SRN	1. RN reviews Health Records request, responds, and refers. 1. HRT files the request and response in the UHR. 1. If Mental Health referral, RN logs request into WIN. Sr. Spvr Psychol assigns WIN referral. 2. Psychol responds in WIN, prints response, signs, HRT files. 1. Sr. Spvr Psychol, SRN and CHSA review monthly audits and train, guide staff.	03/01/2009 03/01/2009 03/01/2009 05/01/2009 06/01/2009	Complete Complete Complete Incomplete Incomplete	WIN access for support staff to MH menus requested, this would facilitate auditors Audits discussed in Quality Management meeting with CAPs done UHR files	Fully Implemented
1.4	Provide staff training regarding processing the Health Care Services Request forms	SRN	1. Formal TDO process training was completed in 2008. 2. Provide staff training regarding processing the Health Care Services Request forms. 3. SRN gives 1:1 audit feedback to RNs based on monthly audits.	03/01/2009 05/01/2009 05/01/2009	Complete Incomplete Incomplete	Training records, rosters, curriculum Training records, rosters, curriculum Supervisory files	Fully Implemented

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Health Care Services

NOVEMBER 17 THROUGH 21, 2008

Finding 2: Psychologist/psychiatrist's documentation not in the UHR

The Office of Audits and Court Compliance recommends that PYCF take the following actions:

JCPRB Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
2.1	Ensure all staff evaluating the ward, in response to the Health Care Services Request form, is documenting the assessment in the WIN and printing out the documentation for placement in the UHR.	Senior Psychologist	1. Train Mental Health Clinicians to review referrals, each work day; assess each youth referred; document assessment in the WIN, print documented assessment immediately following it in writing, route documentation to the UHR.	04/16/2009	Incomplete	Health Care Request Log will indicate if referral logged in the HCSRL was resolved in a timely fashion. Unresolved referrals brought to the attention of the assigned clinician. Progressive discipline may be used, as appropriate.	Fully Implemented
		Support Staff	1. Compares Health Care Services Request Log (HCSRL) Mental Health entries with proximal psychology/psychiatry documented contact shown within 10 days of referral. Support staff to indicate on HCSRL the filing of the documented assessment. Audit information forwarded to the CMO & Senior Psychologist.	04/16/2009	Incomplete		
2.2	Develop a monitoring system to verify WIN documentation of the assessment, is placed in the UHR.	Senior Psychologist	1. Train Support Staff to log the date of the documented assessment on the HCSRL.	02/26/2009	Complete	HCSRL will show whether an assessment was submitted on a youth following a Mental Health referral logged on the HCRL	Fully Implemented
		Support Staff	1. Conduct review of each UHR to ensure WIN documentation.				

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Health Care Services

NOVEMBER 17 THROUGH 21, 2008

JCPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
2.3	Provide staff documentation training to ensure placement of WIN information in the UHR.	Senior Psychologist	1. Training with Read and Initial POP will be conducted advising timely documentation of mental health contacts in WIN; the printing of WIN notes; timely co-signatures provided, as needed; and the timely forwarding of this information to medical records for filing.	04/16/2009	Incomplete	Read & Initial with attached curriculum	Fully Implemented

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Information Technology

NOVEMBER 17 THROUGH 21, 2008

Finding 1: Ward computers were not labeled, “For Ward authorized access.”

The Office of Audits and Court Compliance recommends that PYCF take the following actions:							
JCPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
1.1	Each computer in a facility shall be labeled to indicate whether or not ward access is authorized.	Education SISA	1. Print and install labels on all staff and student use computers and monitors.	05/15/09	Incomplete	Labels have been printed and will be installed while updating the staff computer OS.	Partially Implemented Auditors observed 70% compliance (14 out of 20 computers were labeled correctly).
			2. Process quarterly audits of computers to ensure labels in place.	06/01/09	Incomplete	Audit Schedule	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Information Technology

NOVEMBER 17 THROUGH 21, 2008

Finding 2: Ward accessed computers do not have up-to-date antivirus software.

The Office of Audits and Court Compliance recommends that PYCF take the following actions:							
JCPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
2.1	Update antivirus software on all wards computers.	Education SISA	1. Obtain and install antivirus software for the PC and Mac student use computers.	05/15/2009	Incomplete	“McAfee Enterprise License Agreement (McELA) Acquisition” form. (form attached)	Not Implemented Virus protection software has been ordered, but not yet installed.
			2. Perform quarterly audits of Ward accessed computers to ensure they contain up-to-date antivirus software.	06/01/2009	Incomplete	Audit schedule	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Information Technology

NOVEMBER 17 THROUGH 21, 2008

Finding 3: All ward access to computer operating systems must be restricted.

The Office of Audits and Court Compliance recommends that PYCF take the following actions:							
JCPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
3.1	Restrict ward access to computer Operating System files.	Education SISA	1. Obtain Steady State software and install on stand alone student use PC's.	3/31/2009	Incomplete	Copy of RFB or IOR for software	Fully Implemented
			2. Maintain server control over Apple computers used by students.	3/31/2009	Incomplete	Server Control Logs	
			3. Obtain and install software and configure student use computers to remove student access from the control panel and other system related applications.	3/31/2009	Incomplete	Copy of RFB	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Education

NOVEMBER 17 THROUGH 21, 2008

Finding 1: Special Education/English Language Learner students were not assigned to school within four days of arrival.

The Office of Audits and Court Compliance recommends that PYCF take the following actions:							
JCPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
1.1	Develop a monitoring system to accurately ensure students are enrolled into school within four days of arrival	Intake Assistant	1. The Intake assistant will monitor student enrollment and attendance using the WIN to verify the four-day enrollment parameter.	03/01/2009	Complete	WIN records	Fully Implemented
			2. Notify Education Administrative Team when enrollment not occurring within four days.	03/01/2009	Complete	Email communications from Intake Assistant to Education Administrative Team	
		Education Administrative Team	1. If anomalies occur the Education Administrative Team will implement the appropriate corrective action.	03/01/2009	Complete	WIN records	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Education

NOVEMBER 17 THROUGH 21, 2008

JCPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
1.2	Develop a written procedure to ensure that students are assigned to an appropriate educational program within four days of arrival to their assigned facility.	Principal	1. Incoming students from courts and juvenile halls are enrolled in the academic testing process class within 4 working days of arrival. Based on their assessments (CASAS, Holland Test, Math test, Literacy test, and Writing Assessment), and according to their known credits, credit needs, English learner requirement and considerations, and Special Education requirements they are placed in the Academic classes.	03/01/2009	Complete	DJJ Education Manual, Sections 4065-4067 DJJ Education Manual, Sections 4065-4067	Fully Implemented
			2. Students arriving from different DJJ institutions will be enrolled directly in academic classes within 4 working days with the assistance of the WIN exchange system that has current student credit and need information.	03/01/2009	Complete	DJJ Education Manual, Sections 4065-4067 DJJ Education Manual, Sections 4065-4067	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Education

NOVEMBER 17 THROUGH 21, 2008

Finding 2: General Education student not assigned to school within four days of arrival.

The Office of Audits and Court Compliance recommends that PYCF take the following actions:							
JCPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
2.1	Develop a monitoring system to accurately ensure students are enrolled into school within four days of arrival.	Intake Assistant	1. The Intake assistant will monitor student enrollment and attendance using the WIN to verify the four-day enrollment parameter.	03/01/2009	Complete	WIN records	Fully Implemented
			2. Notify Education Administrative Team when enrollment is not occurring within four days.	03/01/2009	Complete	Email communications from Intake Assistant to Education Administrative Team	
		Education Administrative Team	1. If anomalies occur the Education Administrative Team will implement the appropriate corrective actions.	03/01/2009	Complete	WIN records	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PEER REVIEW OF PRESTON YOUTH CORRECTIONAL FACILITY

CORRECTIVE ACTION PLAN

Education

NOVEMBER 17 THROUGH 21, 2008

JCPRB Item	Recommendations/ Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP	Follow-up Review (To be completed by JCPRB)
2.2	Develop a written procedure to ensure that students are assigned to an appropriate educational program within four days of arrival to their assigned facility.	Principal	1. Incoming students from courts and juvenile halls are enrolled in the academic testing process class within 4 working days of arrival. Based on their assessments (CASAS, Holland Test, Math test, Literacy test, and Writing Assessment), and according to their known credits, credit needs, English learner requirement and considerations, and Special Education requirements they are placed in the Academic classes.	03/01/2009	Complete	DJJ Education Manual, Sections 4065-4067 DJJ Education Manual, Sections 4065-4067	Fully Implemented
			2. Students arriving from different DJJ institutions will be enrolled directly in academic classes within 4 working days with the assistance of the WIN exchange system that has current student credit and need information.	03/31/2009	Complete	DJJ Education Manual, Sections 4065-4067 DJJ Education Manual, Sections 4065-4067	

Adult and Juvenile Peer Reviews Area of Responsibility

The Office of Audits and Compliance (OAC) Adult and Juvenile Peer Reviews are a coordinated effort to include: The Office of Correctional Safety; Office of Court Compliance; Classification Services Unit; Case Records Administration; Inmate Appeals Branch; Division of Facilities Management; and Enterprise Information Services.

OAC only conducts follow-up reviews in our areas of responsibility. This responsibility includes Business Services, Education, Administrative Segregation Due Process and Security and Escape Prevention.

OAC is not responsible for follow-up reviews in the following areas: Office of Correctional Safety; Office of Court Compliance; Classification Services Unit; Case Records Administration; Inmate Appeals Branch; Division of Facilities Management; and Enterprise Information Services' Information Security Office.

Follow-up reviews conducted by OAC are scheduled as follows:

- If adult institutions/prisons/facilities score below 90 percent in Security and Escape Prevention and in Education, a six month follow-up is scheduled.
- If adult institutions/prisons/facilities score below 85 percent in Administrative Segregation Due Process, a six month follow-up is scheduled.
- The Business Services section schedules a follow-up based on the number of findings at the institution/prison/facility.